

## CLAIMS ONLY

**Application Number**

10534277  
Applicant(s)

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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48						
49						
50						
Total						
Indep						
Total						
Depend						
Total						
Claims						

15  
16

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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